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MENTAL STATE OF THE BLIND

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American Journal of Insanity,
v. 65, No. 1, 1908
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# MENTAL STATE OF THE BLIND.[1]

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For a number of years I have been interested in the mental symptoms which accompany well-known physical diseases, and especially in those which are commonly overlooked as being of slight importance and but transitory in duration. For example, I have never heard that measles is accompanied by any mental symptoms, but in my own children I noticed that on the day of eruption there was a great irritability, which I could not but recognize as pathological.

It may be easily understood that on account of my work being especially among the insane I do not see many cases of simple physical disease, and so have had to depend largely upon the literature for a knowledge of the mental symptoms which may be found associated with them.

About a year ago I took up the subject of the mental state of those who become blind in adult life. I had shortly before been studying the condition of the deaf, and had found a little book by the Rev. A. W. Jackson, entitled "Deafness and Cheerfulness," as well describing the mental state of those becoming deaf during adult life; that is, the reaction which was most commonly found. It may be of interest to say that in very early cases of deafness there is usually a feeling of irritability, due to the patient's inability to hear what is said to him, and to his feeling that others are not speaking plainly. The patient then becomes suspicious and feels that the conversation about him is directed toward himself and that it is disagreeable or he would be made to share in it. Accompanying this there is depression, and after a time, as the deafness becomes more marked, this depression and suspiciousness subsides and the patient takes a more cheerful view of life. This condition has been seen personally in several cases,

[1] An abstract of this paper was read at a meeting of the Section of Neurology of the Baltimore City Medical Society, March 28, 1908.

and the opinion of other writers corroborates it, so that it may be accepted as the ordinary reaction of the adult person becoming deaf. It depends upon the individual whether this reaction is mild or severe, brief or prolonged. In some it may become chronic; in others, be present for a very short time; but it may be said that this reaction is practically always present.

In the daily press we occasionally see brief accounts of suicides attributed to the subject's knowledge of ultimate blindness, and I know of one such case: The man, a foreigner, was a professor in one of the leading medical schools and had been told by his oculist that his failing eyesight would result in blindness. He committed suicide soon after. There were complicating factors here, however, as he was gradually losing prestige in his specialty and also had a good deal of domestic trouble, so that we cannot properly include this case in our statistics. At the same time I do not doubt but that this reaction may occur in many individuals following such a mental shock as a warning of coming blindness.

Those of us who were so fortunate as to hear Miss Winifred Holt at the Conference of Workers for the Blind held last week will remember her telling of an elderly blind man who was without money and friends, and who threatened to kill himself, and after a very short time was earning his living by teaching languages. As I recall it, however, the blindness was an old story and the decision to kill himself followed the loss of money and friends, so that even in these two instances we cannot be positive that the simple reaction was so severe. As yet, therefore, I have no proof that a knowledge of blindness is followed by suicide.

I have a news-clipping noting the death of an artist, "the result of a nervous break-down, hastened by grief over an affliction of blindness, which overtook him while in Spain last summer, said to have been brought on by the reflection of the sun on the white roads of Spain." This item is interesting but entirely too indefinite and it is not at all unlikely that the artist was suffering from some severe organic nervous disease, of which the blindness is a symptom.

When I took up the study of the adult blind I was disappointed in finding but little or no literature on the subject. A book of Dr. Javal's entitled "Becoming Blind" narrates his personal expe-

rience, and rather suggests a depressed reaction, but while we may read between the lines and surmise that Dr. Javal was depressed, the only statement he makes is as follows:

> Among men who are free from material anxieties, those who have never taken thought save of their pleasures and their own affairs are the most unhappy when they lose their sight. By a sort of distributive justice, those, on the contrary, who have set before them as the chief aim of life to contribute to the extent of their power to the general progress, find resources in themselves; every one, whatever his social position and his intellectual faculties may be, can always find satisfaction in contributing to the happiness of another.
>
> Men of science occupy a privileged position; they have, in fact, a whole fund of acquired knowledge which they can make use of. So long as they can still bring their stone, however small it may be, to the building of civilization and progress, they feel that they live; and whatever be the wounds received, they are not *hors de combat*—the inequality of arms only increases their ardor. More happy still if, by increase, their work having been of use to some one, they can repeat with serenity the words of Ecclesiastes, "My heart rejoiced in all my labor; and this was my portion of all my labor."

This is found in his chapter upon the psychology of the blind, which is, I regret to say, a very short one, and it is a pity that Dr. Javal did not record more fully his own mental state, and that of the number of patients whom he had doubtless observed.

In considering his case, it must be remembered that Dr. Javal became blind somewhat late in life, when perhaps we would not expect so marked a reaction as would occur in a younger person. Then too, he was a trained oculist and proceeded at once to make the best of circumstances, and invented for himself a number of mechanical conveniences to make his life more pleasant and comfortable.

Posey and Spiller, in their book "The Eye and Nervous Diseases," make the following statement (p. 852): "The cases which have been reported, however, are especially significant, for they demonstrate that not only can insanity be traced to loss of sight, but the relief of the blindness by operation can restore the mental condition." In proof of this statement two case histories are given. Personally, I have never seen nor heard of cases similar to those cited.

In his paper entitled "Amentia and Dementia," Joseph Shaw Bolton speaks of dementia following sense deprivation (Journal

of Mental Science, Vol. LIV, p. 269), citing 10 cases of which 3 were deaf and dumb, 2 deaf, 4 blind and deaf, and 1 blind. In practically all of these cases there were complicating factors and the individuals were either feeble-minded or unstable mentally, and it is doubtful if the sense deprivation can be regarded as an exciting factor of the mental state, though it seems to have some influence upon the course. Dr. Bolton's remarks are very interesting and he believes that deprivation of the senses of taste and smell, which play but a slight rôle in the psychic evolution of civilized races, can produce neither insanity nor dementia even in predisposed individuals. With blindness or deafness, however, there is a permanent loss of an avenue of special sensation, as well as the development of all kinds and degrees of functional impairment of the cerebrum, and the complex associational relations are affected. Also it is believed that "deprivation of sight or hearing, when occurring later in life, results, in the educated, in relatively less cerebral disability and in probably an approximately equal amount in the case of either of these senses. In the uneducated, however, loss of hearing produces greater cerebral disability than does loss of sight." Dr. Bolton is upheld in this opinion by his belief that the "whole of the higher intellectual processes are dependent on and develop *pari passu* with the evolution of language," and that "the majority of individuals depend on their sense of hearing for the acquisition of their psychic content, though persons who read and write perhaps gain an equal amount by means of the sense of sight, and the more intellectual members of the race probably acquire the greater part by means of the latter sense." From which it may be inferred that cases of early blindness or deafness are apt to show a mental defect, in a psychological sense at least. In the case abstracts presented by Dr. Bolton no mention is made of the age at onset or completion of the sense deprivation, so that an important point is lacking in his proof that dementia in these cases was caused by the physical infirmity.

Search of the literature relating to the subject having failed to give me the desired information, I sought out Mr. Bledsoe, Superintendent of the Maryland Training-School for the Blind, who gave me a number of references, but knew of no literature upon the exact subject of my research, and stated that in his

experience he had found it took a long time for people going blind to realize it, that they would exhaust their means in every sort of hope and that during this period they could not be made to give their whole attention to learning an occupation for the blind, as they constantly have the hope that it will be unnecessary for them to learn one.

He referred me to Miss Virginia Kelly, the teacher of the adult blind in Baltimore, through whose kindness I had the opportunity of seeing a number of cases which had become blind in adult life, and I was rather nonplused at first by the varying histories which I found, because in deafness my findings had been more or less uniform; but as I saw more cases, I came to recognize the factors which caused these apparent discrepancies.

Fortunately, Miss Kelly has taken a great interest in the question and has assisted me in many ways, notably in filling out blanks which I prepared so that I might gain information of cases which I could not see personally for social or other reasons. This work has been done so well that I feel I have quite as sufficient knowledge of these cases as though I had seen them personally.

Certain other cases have been reported through the kindness of medical friends, and in all I have data from 56 cases, which we may proceed to analyze; but before doing so, should say that in the opinion of teachers of the blind the families of the patients are largely to blame for the difficulty in getting them to take up an occupation, as they coddle them, don't want them to work, regard them as sick, allow the patients to remain in a dark room with the doors and windows closed, and do not force them to go out and get fresh air and exercise to keep up their general health.

It can readily be understood that such a life will be apt to cause a condition of depression, and it is not surprising that we find this quite frequently, and also find that due to this treatment the blind become selfish and do not consider the comfort of others.

Of our 56 cases, 40 are men and 16 women; but 18 cases must be eliminated because of complicating factors. Among these are 4 cases of alcoholism, 4 of tabes, and 1 each of brain tumor, cancer, epilepsy, and indefinite history. All of the above are men but one, a woman with carcinoma of the spine. One man and one woman became blind after suicidal attempts during attacks of depression and, I believe, should not properly be included. One man

and one woman became blind at six years, were educated at a school for the blind and were married. The man became a mattress-maker but abandoned his trade because the dust affected his throat. Later, he and his wife supported themselves by begging and may therefore be placed in the tramp class, from which we do not expect a marked reaction. Two other women are also eliminated on account of early blindness, so that we have for final analysis 38 cases, 27 men and 11 women.

Regarding the chief subject of this inquiry, we find a state of depression following a knowledge of ultimate blindness present in 8 women and 19 men, and absent in 3 women and 8 men. In 2 women and 2 men this reaction was prolonged. None of the women ever contemplated suicide, but 7 men did; and this fact brings up a very important point, which is, that a depressive reaction following a knowledge of ultimate blindness is caused more by fear of poverty, with its consequences to the patient and his dependents, than by a knowledge that he must personally be deprived of something.

Miss Kelly, with her larger experience with the blind, has the same opinion, and the inquiry has thus been answered, but it is interesting to scrutinize certain other data which were obtained.

Two women and three men showed marked religious feeling. One woman had been depressed and the other had not. Two of the men had not been depressed and the third, a young man of 21 who appeared younger than his age, developed this religious feeling some time after his misfortune and is one of the cases who thought of suicide.

The age at onset and assigned causes of blindness are best shown by the following tables:

AGE OF ONSET.

| | Men | Women |
|---|---|---|
| Under 20 | 1 | 2 |
| Between 20 and 30 | 4 | 2 |
| " 30 " 40 | 4 | |
| " 40 " 50 | 10 | 3 |
| " 50 " 60 | 5 | 1 |
| " 60 " 70 | 3 | 2 |
| Over 80 | | 1 |
| | 27 | 11 |

CAUSES.

| | Men | Women |
|---|---|---|
| Cataract | 2 | 2 |
| Detachment of retina | 2 | 1 |
| Drinking and exposure | 1 | |
| Menopause | | 1 |
| Muscular trouble | | 2 |
| Old age | | 1 |
| Optic atrophy | 2 | |
| Paralysis | 1 | |
| Paralysis of the optic nerve | 13 | 1 |
| Sunstroke | 1 | |
| Trauma | 3 | 1 |
| Unknown | 2 | 2 |

In the men the blindness was complete after periods varying from a few hours to 21 years, the average for 25 cases being a little less than 3 years. Hope of recovery was lost usually with the completion of blindness, but in one case was given up a year before and in another 7 years after. In the seven cases in which hope was prolonged, the average was 2 years and 10 months.

Among the women, the cases on which the data are recorded are too few from which to draw any conclusions.

The following case abstracts well illustrate the different types of reaction found in the cases studied and may be regarded as typical. They are given in the order of their supposed intellectual development, beginning with the lowest.

CASE 1.—T. G., 48 years old, March, 1907; was seen April 19, 1907. Patient is a Bohemian, and while he has been in this country for several years and gone to school, it is exceedingly difficult to understand him, and it is doubtful if he understands all the questions of the examiners. Probably he is somewhat deaf.

He has been occupied in various ways, chiefly as a coal miner, but his last work was as a laborer at a furnace for eight years previous to his attack of blindness. He has had no occupation for over six years, or since September, 1900. He has constantly had hope of recovery, and even now hopes to recover some sight in his left eye, though he has been completely blind in it for two years and completely blind in the right eye for two and a half years. The cause of the blindness could not be learned from him.

He has been somewhat depressed and has threatened suicide if conditions do not improve. He states that his condition would be better if he were to make but 5 or 10 cents a day, but is not willing to make the effort to learn to cane chairs or do anything else. He was taken to the blind

school and was delighted with the visit, but always complained of being sick and said that he was too weak to work. He now remains constantly indoors and it is probable that his physical health is not very good, largely on this account.

CASE 2.—L. E., will be 21, May 7, 1907. He was seen April 19, 1907, at his home. Patient was a laborer in an iron furnace, but was for a week a puddler, when on May 11, 1905, there was an explosion at 10 p. m. He found his way home in some way, but the next morning he could not see and has been totally blind ever since. For the past year he has also been somewhat deaf. He was very much depressed at the time, but at present his mental attitude is hopeful, and he feels that his sight may be recovered. He has threatened suicide, but not in a very decided way. However, patient is quite religious and says that he trusts in the Most High, that it is through Him alone that his sight can be recovered. Visual hallucinations are denied.

CASE 3.—H. J. Q., formerly a night engineer at Roland Park Electrical Works, was at work sewing brooms, March 4, 1907, and in reply to questions said that his knowledge of his blindness dated back three years, and that at first he could not rest and could not sleep; he gave as reasons for this, "nerves" and "worried." He was depressed and for two years planned how he might commit suicide, but gave that up a year since. He now feels somewhat cheerful, though he has a great deal to worry him, he and his wife having to support their mothers as well as themselves, but he is beginning to make money and the week before was put on the pay-roll. He had been treated at the Johns Hopkins Dispensary and from his history (C 85,457) it was learned that he was admitted October 1, 1905, complaining of depression, trembling and difficulty in seeing, and four weeks later it was noted that he thought his vision was improving; patient had been referred from the eye department (C 85,446) with a diagnosis of double optic nerve atrophy of five months' duration. He attended until July 25, 1906, and was given alkaline gentian mixture and strychnia at various times. At first it was noted that he was emotional and complained of a lump in his throat, with a feeling of increased danger. He was depressed and his memory was impaired, but he showed little physical disturbance, beyond the failing vision.

Miss Kelly stated that she had a great deal of difficulty to get this patient to go to work, because he was coddled so by his mother and mother-in-law, and he was becoming "old womanish" when he first came under her observation.

CASE 4.—W. G. M., was seen April 12, 1907. Patient is a man aged 34, having been born August 5, 1873. He was formerly a car builder and made $4.00 a day, though it is doubted if he could have been called "skilled" except in his own particular work. It does not seem possible that he could have taken up other work and displayed any special ability in it. On March 23, 1906, when visiting his brother-in-law in the neighborhood, there was a general shooting-up of the family and the patient was

shot in the right eye. He was taken to the hospital, but vision failed pretty rapidly and, about four or five months before, patient lost hope of recovery. Since this time, depression has been fairly well marked, and the patient thinks that he had better be dead than the way he is, though he denies that he has thought of suicide. At the time of the visit, the patient had refused to continue efforts to learn the point system or to continue his work of caning chairs, though he had obtained enough proficiency in the latter to be paid for some of his work; neither did he wish to learn netting, and thought the best thing that he could do would be to sit around in the sun. In order to assist in the family maintenance, the patient takes charge of a small store, and states that he is working up a milk and butter route, but refuses to deliver papers, preferring to pay a boy about $6.00 per month, though the patient and his children could very well do it. The depression does not seem especially deep, but there is apparently a rather marked condition of apathy. In all probability his lack of ambition and the apathy are an exaggeration of his normal "make-up." At the time he was taken in charge by his teacher six or seven months before, he was spending 22 hours of the 24 in sleep. Apparently the patient has never had visual hallucinations, but insists that when his celluloid shade is in front of his eyes, there is a sensation as of a flickering lamp, this probably being due to pressure.

*March, 1908.*—It is reported that this patient has lost his apathy to a considerable degree and recently showed considerable initiative, especially in his candidacy for the local postmastership.

CASE 5.—W. S. C.; was seen April 12, 1907. His father, a clergyman, was 48 when patient was born, and became blind two years later. It is thought that he suffered from dislocated lens all his life. The patient has been myopic and has also had a dislocated lens in his right eye. He was a book-keeper, employed in a railroad company for 13 years, and in 1897 the right lens was needled, but was not absorbed. Following this the patient did all of his work with the left eye, a great deal of it by artificial light, and after suffering a severe pain, his sight failed him in 1900. He was about 33 at this time, and his blindness was complete about a year later. At present, there is no sight, except that the patient states he can occasionally perceive the light of a match when lighting a cigar or pipe, but this is not at all constant. Patient did not lose hope of recovery until he was totally blind, and as is common in these cases, was buoyed by many false hopes; when he was forced to give up his employment, he was somewhat anxious for the future, as he had a wife and four children depending upon him, but real depression has never been present. The man is of a sanguine temperament, was a Methodist preacher, and takes great consolation in his religious beliefs. He has also been a "book-worm" and possesses no mean intellectual ability. He has never thought of suicide. His present mental attitude is cheerful. He is a writer of stories and has been, a little over four years, achieving considerable success, and he hopes to put his work into the "big" magazines where it will be better paid, and he will not have to do so much hack-work.

From the above study it seems justifiable to draw the following conclusions:

1. A knowledge of ultimate blindness is usually followed by a period of depression.

2. This depressed reaction is caused by fear of lack of support of the patient and family rather than a fear of self-leprivation.

3. The more intelligent the patient the more apt is this depressed reaction to be absent.

4. Ideas of suicide are present in about 20 per cent of the depressed cases, but suicidal attempts probably are never made by uncomplicated cases.

5. Hope of recovery usually endures until blindness becomes complete but is prolonged beyond this time in about 35 per cent of cases.

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